



Why Do Horses

RIDER REGISTRATION FORM

CONFIDENTIAL – PLEASE COMPLETE ALL SECTIONS & BOXES				
First Name:		Surname:		
Address:				
Postcode:	Home phone no.:		Mobile phone no.:	
Email:	Date of Birth:		Age:	
Occupation:	Weight:		Height:	
Have you (or the person you are signing for) ever suffered a serious injury or discomfort whilst riding or been advised not to ride?				
If yes, please describe:				
Please describe ANY disability or medical conditions that may affect your ability to ride or which your Coach should be aware of in case of emergency:				
EMERGENCY CONTACT & DOCTORS DETAILS				
Contact name & relationship:			Telephone number:	
Doctor's Name:			Doctor's number:	
RIDING ABILITY – YOU MUST TICK ALL BOXES THAT APPLY				
I consider myself (or the person riding, for whom I am signing on behalf of, as a minor) to be a				
<input type="checkbox"/> Never ridden before	<input type="checkbox"/> Beginner	<input type="checkbox"/> Novice	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
How many times have you/ rider ridden in last 12 months:				
<input type="checkbox"/> None	<input type="checkbox"/> Under 12	<input type="checkbox"/> 12-40	<input type="checkbox"/> 40+	
What do you believe yours, or the person riding's, capabilities to be on a horse or pony:				
<input type="checkbox"/> Riding at a walk	<input type="checkbox"/> Trotting with stirrups	<input type="checkbox"/> Trotting without stirrups	<input type="checkbox"/> Cantering	<input type="checkbox"/> Hacking
<input type="checkbox"/> Riding over jumps up to 0.5m (18")	<input type="checkbox"/> Over jumps 0.75m (30")	<input type="checkbox"/> Riding over cross-country jumps		



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HORSE DETAILS

Name of Horse:	
Age:	Breed:
Address of Yard:	Any other relevant details:
Postcode:	

YOUR GOALS

What would you like to improve on/achieve with your riding? Do you have any goals that you are working towards?

DECLARATION

RIDERS UNDER 16 YEARS OF AGE: I accept full responsibility for my child and confirm the above pre-assessed abilities are correct. I accept my child rides at his/own risk.

RIDERS AGED 16 YRS AND OVER: I confirm that the above pre-assessed abilities are correct and I agree that **I RIDE ENTIRELY AT MY OWN RISK.**

DATA PROTECTION ACT 1998 Statement: I understand that the information I have given will be held in accordance with the Data Protection Act 1998 but may also be made available to insurers and other concerned parties in the event of an injury or accident.

I understand that I must obey the instructions of the Coach and must comply with the Health & Safety requirements of the establishments. I reserve the right not to ride a horse allocated to me or my child and/or request a change of Coach.

I confirm to the best of my knowledge all above details are correct. A parent or guardian of riders under the age of 16 must sign this form.

I acknowledge **THAT RIDING IS A RISK SPORT AND HOLDS A POTENTIAL DANGER and that all horses may react unpredictably on occasions.**

If signing on behalf of a rider, please state relationship to rider:

Signature:

Print Name:

Date: